



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000028441 1. Entity Name HUNTER PAYNE CONSTRUCTION, INC.	
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Principal Place of Business 6555 NW 53RD ST CORAL SPRINGS, FL 33067	Mailing Address 6555 NW 53RD ST CORAL SPRINGS, FL 33067
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DO NOT WRITE IN THIS SPACE


01272008 No Chg-P CR2E034 (11/05)
4. FEI Number
20-4872563
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**PAYNE, HUNTER
6555 NW 53RD ST
CORAL SPRINGS, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PAYNE, HUNTER 6555 NW 53RD ST CORAL SPRINGS, FL 33067
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02/06/08-80047-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hunter Payne President 1-26-08 954592 0583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #